

the association between oral contraceptives and benign hepatic tumors, which is already well documented.²⁻⁴ The question today is not "Do birth control pills cause liver tumors?" but, rather, "Why do liver adenomas occur only in some women?" Do most of these women have a problem demethylating mestranol to ethinyl estradiol? Could a screening method be developed? Methyltestosterone is metabolized with difficulty by the liver and produces creatinuria, as also do 17 α -methyl-androstenediol and 17 α -methyl-androstenediol while the esters of testosterone do not have this effect.

It is mentioned that oral contraceptives contain either mestranol or ethinyl estradiol as the synthetic estrogen. We do not agree that there is enough evidence to suggest mestranol and ethinyl estradiol are "equal offenders." The widely quoted study by Rooks and co-workers⁵ unfortunately negated a difference between the two estrogens, and this aspect of their work needs further evaluation. Most individual case reports of hepatic adenoma catastrophes, including Fitz's case and ours, continue to involve a history of mestranol use, despite a dramatic steady decrease in the sales of mestranol-containing pills since 1964. It is of interest that no new low-dose oral contraceptive is being manufactured with mestranol.

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Artificial Solutions to Health Care Problems

TO THE EDITOR: The editorial "Health Care and Not Enough Dollars"¹ struck a very resonant note. It is indeed unfortunate that our legislators and health care planners cannot understand the simple logic involved. The health-care-pool dollars are indeed finite. Efforts to solve the dilemma by diverting a portion of those precious dollars to advertising to create "competition" (obstensibly to decrease costs) only reduce the number of dollars available to serve patient needs. When businessmen steeped in the Madison Avenue hype and bureaucrats imbued in the concepts of forced competitiveness seek to apply those artificial solutions to health care delivery they fail miserably. The application of

those mechanisms only opens the pool of health care dollars to the avarice of those entrepreneurs waiting and lobbying on the sidelines to siphon off large portions of that precious pool.

The real function of advertising is to stimulate a market. If it were not, advertising would not be used by business. It has no other commercial value. Advertising does not in any way create saving. If it did, it would serve no purpose in the commercial world.

Middlemen, those between providers and consumers of medical care, only consume another portion of that finite pool. Their ability to consume has been amply demonstrated. Organizers of many would-be HMOs have displayed their expertise at the old hat trick, causing millions of dollars of federal "start-up funds" to miraculously disappear.

Solutions to the problem of not enough health care dollars must come from the medical community, not from the business community or political arena.

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Nutritional Aspects of Cross-cultural Medicine

TO THE EDITOR: Congratulations are due to you and your guest editor, Dr M. Margaret Clark, for the splendid special issue (December 1983) on cross-cultural medicine. You perhaps realize it could serve as a teaching publication on medical anthropology for students in the health professions and in anthropology alike. I have already commended it to a number of students in both disciplines. The choice of topics and ethnic groups considered is broad enough to be useful to professionals throughout North America and beyond. The impact and excitement of the articles and the feeling of immediacy they impart to the reader are due of course to the authors' own experiences with the patients they are describing and the insights they have thus learned. Nothing could be a better teaching tool.

As a human nutritionist and medical anthropologist specializing in nutritional anthropology I was disappointed, therefore, that discussion of the cultural and behavioral problems arising from differences in diets and food choices of minority groups from those of attending health professionals was not presented with the same sense of personal contact and awareness. Meanings of food to people must be considered in dealing with any health problems in which diet and nutritional status are concerns. Recognizing that these meanings exist and should be worked around in ways similar to treatment of those cultural differences described by the authors in the December issue is essential to mutual respect and understanding, as well as to improvement in diet and health.

There is by now a fairly large body of literature that clearly presents problems of diet change among immi-